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Nov. 24, 1960

Nov. 24, 1960  
First notes on trip to Dacca  
Typed by Achraf Feb 1961.

Karachi, from district of Columbia via New York, November 24, 1960.  
Thanksgiving dinner with Turkey at the home of Ruth Puffer and her mother.  
Sam Middleton of Chile and Mrs. Chaves of Brazil with her five children  
were also there. Dr. and Mrs. Villal~~Real~~ of Mexico, with two of their six  
children, came in later in the afternoon.

To

→ The National Airport at 16.50 in order to catch EAL ~~X~~ 864 to New York  
at 17.20; arrive in New York on schedule and am surprised by the new Eastern  
Airport Building but astonished by a circular round house of the Pan  
American Airways.

No. 2 at  
Pan American Airways Boeing 707<sup>A</sup> 20.00 o'clock via London, Frankfurt,  
Vienna, Istanbul, <sup>Beirut</sup> ~~Bouriet~~ and Karachi at 0230 on November 26th.

Nov. 26  
Karachi, met by Dr. Enil <sup>m</sup>Palne<sup>mquist</sup>quit and Dr. Pavl A. Nicoll, who has been  
here for just over five years in connection with the teaching of basic  
sciences in preparation for the ~~Medical schools~~. I suspect Nicoll that ~~he~~  
is with the University of Indiana although he did not ~~definitely~~ <sup>initially</sup> say so.  
Mr. James Cassanos, who used to be in East Pakistan, was at <sup>The</sup> Dacca Airport.  
I am taken to the Sind Club where I find a very pleasant two-room suite  
with hot and cold running water and a very obsequious <sup>to</sup> ~~teacher~~ <sup>u</sup> who announces  
himself at <sup>0330</sup> ~~0830~~ and asks what time I urged tea. I could not have cared  
less but tell him to bring it at 0900 thinking I might be ready to rise  
at that hour.

<sup>m</sup> Enil <sup>mquist</sup>Palne<sup>quit</sup>, whom I tried to <sup>get</sup> ~~here~~ some years ago and who later  
served time in Iran and possibly elsewhere but had to leave ICA for family  
reasons, has been sent out to Pakistan to size up the health situation and  
come up with recommendations for a program as an arbiter between the USOM  
chief (Killen) and Pease and EPC.

Killen, who has lots of intelligence and common sense, told ICA some  
weeks ago that he wanted nothing to do with the health office; that Pakistan  
did not need health work, but dams and bridges <sup>e</sup> and roads and other productive  
efforts. EP has been sent out to survey needs and propose some kind of  
concert of effort between Killen <sup>and</sup> on the office <sup>of</sup> Public Health of ICA.

It is possible that JK took the action he did in order to get some  
greater interest of OPH/ICA in this country.

P.T.O.

Nicoll has a daughter D<sup>e</sup>bbie, real name is Ann, and a wife who paints and draws. Debbie is now a senior or 12th grade student.

November 26th. Tea at nine, lunch at one, and then to the Nicoll's with Joe Smadel who arrived this afternoon and E Palmquist and Mr. Cassanos to dinner on wild duck. (And I had curried duck for lunch at the Sind Club.) See a small soft bellid<sup>e</sup> ~~porcupine~~ <sup>porcupine</sup> at the home of the Nicolls.

Sunday, November 27th, morning discussion of various matters with Joe Smadel. (Among other things I ask Joe's about John Doe, learn that <sup>(1)</sup>JD came out to the NIH to correct a situation but at the end of a year this situation had not been corrected. (2) JP was taken then down to the surgeon general's office but after a time it was thought best for him to go to an out-of-Washington post to ride <sup>a</sup>hard some of the PHS interests there. (3) JS believes that JP may never cause enemies to be made but that he will not be powerful in solving difficulties.

Sunday evening, November 27th discuss with Joe Smadel the question of future funds for cholera work and ~~if~~ for the research program. He indicates that the bite can be put on the Heart Institute for the salary of Gordon if Gordon be induced to come to Dacca and that in the final analysis money can be gotten through the recommendation of the old original committee on grants of the parent NIH which still functions in the case of new fields and was recently used by J.S. (that is a year or so ago) in getting funds for

Journal notes.

November 24 Washington.

Nov. 28-30, 1960

1960  
November 28, Karachi

The international field and the constant necessities of USIA and other US propaganda in being against communism instead of being for something, there comes an interesting discussion of what our objectives should be. K. says that he had an opportunity last year to talk seriously with Averell Harriman and tried to impress on him the necessity of changing the US approach to international aid. As a matter of fact the preamble of the Mutual Security Act was altered this year and K. suspects that this change may represent AID's intervention with certain members of Congress. Not to be outdone in citing the names of important persons I related a story of the initial development of the IIAA and my part in the early discussions with Nelson Rockefeller in 1941-1942. I pointed out that all too many of our people think that we want to build something we can point to with pride as a USA contribution whereas our single objective should be to make it possible for the people of each country to carry on for itself. (K. then gives the story of what happened here in the solution of the housing problem of the refugees! When the Government got really interested the USOM financed the construction of a large number of quarters which have been recently inaugurated. The USIA and other sections had been anxious to take pictures and make active propaganda of this work of the US but K. insisted on leaving all of the credit for the Government. As a result on the day of the final inauguration the President gave full credit to the USA for its part in the program.) Towards the end of the evening K. asks that I make myself available for consultation on problems not related to cholera and I, of course, cannot refuse to do anything in my power. I did not, at this time, call attention to the complications which may result except to point out that

I am ~~not~~ now under an appointment, until next July, as consultant to ICA. (I learnt from JES that he had assured K. earlier in the day that I might be very useful to him because of my previous experience in international health work. K. had told JES, it seems, that he had never had, in the field of health, representatives of ICA who could meet the doctors of Pakistan on a man to man basis, Kingsland, Donovan, etc., and that it is hopeless to try to work up useful health programs under these conditions. It seems that K. recently indicated in definite terms that he expected to close out all public health work for the USOM here; the result of this attitude has been the demand from headquarters for a survey which is now being carried out by Emile Palmquist. So I may soon find myself in the muddle! Not too happy a prospect.)

One of the interesting things learnt on this visit is that a recent meeting of the Pakistan Medical Association was set up as an international meeting with great emphasis being placed on the participation of the USA. It seems that the Pakistanis had invited the Red Chinese and the Russians and then felt that they might be misunderstood, if there were no American representative. Advantage was finally taken of the presence of Ochsner in this part of the world to have an American present. O. presented a paper on lung cancer but the representatives of the Communist countries made much of the story of what they had done in the control, nay, eradication, of such diseases as smallpox, malaria, cholera, etc., the diseases which continue to be serious problems in this country. Obviously the USA was out-manoeuvred at this meeting.

November 29. Tuesday.

To the ICA with JES to see Mr. Owens and Mr. Siegel. (O. is a bright

young man who has been through a period at Bureau of the Budget and S. is the lawyer of USOM.) For the first time we get in contact with the working element of the US Government who know about the agreements with the GOP and about the handling of funds. O. tells us that the procedure established is for a fiscal officer of N.I.H. to make a request to the Treasury department for the purchase of ?? number of rupees; the Secretary of *Treasury* then asks the financial officer here in Pakistan to make ?? rupees available to NIH. The fiscal officer eventually gets word at the NIH that the money is available and makes arrangements for authorised persons to draw on these available funds. (Funds for cholera can be dispersed (1) through the American Consulate representative or through ICA Finance Officer in Dacca (2) through the Director and Deputy Director of the Research Laboratory (3) through a special administrative officer from NIH sent out for the purpose. (The latter suggestion I consider unnecessary and state that it should be possible for the Director and Deputy Director to arrange between them for the consigning of all cheques for the cholera work. U.S. Government cheques must be signed by an American citizen.)

O. and S. agree that the Minister of Finance must be told about the use of PL 480 funds for cholera but that agreement with the as such does not require their concurrence.

The problem of nutrition is not simple and JES does not insist on getting action on this program at the present time. O. and S. discuss the possible handling of nutrition and ~~Maryland~~ funds by ICA, admitting that ICA believes the activities of other American institutions in their field should be curtailed. JES explains that the money coming to Pakistan on the University of Maryland project is not NIH money but university money by the time it gets

here. (MD chose Pakistan knowing it is a very difficult area; JHU chose India (Calcutta), Tulane chose Columbia and ? chose ? )

To summarize:

1. Cholera 480 money use will be reported to the Minister of Finance and arrangements made for its usage without any anticipated difficulties.
2. Nutrition 480 plans are still nebulous and more details will have to be worked out before approval of GOP can be requested;
3. Maryland University program is to begin with US dollar but may want to use 480-104K money later; even though arrangements are to be made by Md directly with some university in this country, there should be overall agreement on the proposal between the US and GOP. (It is essential to have agreement which will cover treatment of foreign personnel brought to Pakistan and the importation of supplies and equipment.)

Owens and Siegel are to get their heads together after a study of all available documents and come up with definite proposals (?) (1) some overall agreement between NIH and ICA? (2) some overall agreement between US and GOP? (JES insists it may be difficult to have another agreement between ICA and NIH since the operating agency will be the University of Maryland.)

MacLeod, Smadel, Soper and Woodward drive to the BSMI and visit with Paul A. Nicoll; P.A.N. suggests (1) National Research Council of Pakistan be used as operating agency for nutrition program (this should be feasible since NRCP is in the business of making grants for research projects); (2) all plans in which rupees are involved should be set up in such a way that the GOP will provide 10 per cent of rupee value for dollars or other foreign currency purchase for needed equipment importation!

MacLeod, S, S, TW and N. lunch together at the Sind Club; MacL. and TW leave by train for Maldun and Lahore possibly also 'Pindi and JES leaves by PIA for Delhi.

November 30. Karachi

- (1) To ICA - Owens out but talk to George Elmore re Dacca situation; ICA Chief Chas. W. Edwards (Col. USA ret.); Paul Schuler (Labor) has acted recently as deputy (RR); James Cassanos now detailed to ICA/Karachi (is to go back to Dacca); Richard Towle, sanitarian, 3 years in Dacca (trying to run a school for sanitarians); and Sam Morch, health educator. Health work at the present time largely limited to jet gun vaccination following the hurricane floods of some weeks ago (4 guns in East Pakistan and 4 in West Pakistan).
- (2) Learn that Cassanos talked with Major M. Siddique (Tel. 51269), Director of the Nutrition Survey, and told him that Smadel was coming; but JES got away yesterday without seeing N.S. I find M.S. in Paul Nicoll's office and immediately read him his telephone number and give him his title, all from a paper in my hand, (M.S. is small, wears what might be called a caftan in some places and has a white and black beard. Siddique was in the army and carried out the survey of nutrition in the armed forces here some time ago and has just been named as the Director of the Nutrition Survey of Pakistan. S. realises that he does not have the staff nor the organisation to work with that he had in the armed forces program. Nicoll discusses frankly with S. some of the problems which he must face if he is going to be able to use the money already in the budget of the GOP as well as the money of the NIH. I explain to N. that there is a proposal to have an overall master agreement covering its modus operandi of special research projects,

permitting individual projects to be brought out under special agreements.

(3) Lt.Col. S. M. H. Bokhari has been charged with the development of National Laboratories at 'Pindi; has money to buy land and get started on plans; B. is one of the official delegates to the Cholera Conference next week in Dacca.

To the home of Dr. and Mrs. Nicoll where I have canja and meet the 14-year old son.

Afternoon of November 30. With P. A. Nicoll return to ICA where he is responsible for the expedient in the absence of Cassanos. See Mr. Owens in the hall and he asks for appointment later in the day.

To the BMSI with Dr. Nicoll to see installation of the Institute and something of what is being done. I am duly impressed; the BMSI has six departments: Physiology, Microbiology, Anatomy (Histology), Biochemistry, Pharmacology and Pathology; a library, carpentry, machine shop, incinerator, generator, etc., and animal breeding rooms all air conditioned (white mice, rats, rabbits, guinea pigs, cats, lizards, etc.)

There are apparently foreign chiefs of each section (Minten in Microbiology and Tucker in charge of the repair shops, obviously from Texas.) P.A.N. says <sup>Refers</sup> 21 students in each of the first two classes: the course is a two year course for those who should be teaching in medical schools soon. Emphasis is to be on research methods and research training. (The BMSI looks like a very good show; P.A.N. believes it is an example of how ICA should work on every project. BMSI is under a contract with the University of Indiana. P.A.N. says that for teaching ICA should go to teaching institutions and get there the organisation and experience; and for nursing,



ICA should go to a nursing school in the USA and contract to get a school organized over here rather than to aid what has been done here--working hard trying to run a poor show.

(P.A.N. is not always popular with the ICA but I believe they respect him and his judgement.) The Minister of Health, Burki, was recently brought to the BMSI and was quite astounded at what he saw. He asked how it was possible that no one had ever told him of this development??

Return to hotel where Mr. Owens calls for me about 1645. We return to ICA where James Killen speaks up quite freely: (1) he was not too well impressed with the idea of having NIH research projects started in his country (2) after talking with JES and learning of the plans for staffing the Cholera Laboratory and the Md. tropical diseases project, he has changed his mind about these projects and believes that these projects may well be the means of making the ICA health work stronger (3) he asks me to give this message to JES and says he is ready to help these two projects in every way possible (4) he is ready to consider taking a good young doctor to run the administrative part of the health services if he can depend on NIH for technical policy advice. (5) He asks if I am willing to collaborate as which point I speak up rather frankly about desiring not to become a controversial figure between NIH, JK, and ICA. (6) I give something of the story of the relationship between the USPHS and ICA in the past and indicate why ICA has such difficulty in getting and keeping the type of leaders we should have in the health field overseas. (7) I also give a story of my relationship with the malaria program during the past year and indicate that malaria eradication is my chief interest (8) indicate that I saw little chance to contribute to malaria eradication under present ~~xxxx~~ stresses and was therefore vulnerable

when JES broached the cholera project. (9) I go so far as to indicate that there is no financial incentive for us to come to Pakistan but that I have been preaching for years on the necessity of taking communicable diseases in their permanent foci of infection rather than try to control their spread through quarantine (10) that we are not playing for peanuts in Dacca but looking for a breakthrough which may result in freeing the world of this disease (11) I indicate that I believe good men can be found to face up to the challenge of foreign public health service if they are permitted to work freely on imaginative projects, etc. (12) I point out that I am basically desirous of being helpful in every way possible and that also <sup>the</sup> success of the cholera effort will probably depend on the opportunity to work with organised health services in East Pakistan. (13) I am therefore ready to commit myself without committing the NIH. (14) JK indicates that his service and men are not among those which are run from Washington and that he wants to work out a deal to take full advantage of NIH <sup>personnel</sup> ~~presently~~ in this country.

After we leave JK, Mr. Owens comes with me to the hotel and makes a more definite statement regarding JK's plans to get out of the box with the lack of personnel from the OPH/DC. (During the talk indicated that Donovan is an <sup>honest</sup> ~~inice~~ person but coasting.)

Owens talks some details of plans for the future indicating that under pressure of reducing budgets this year JK had decided to concentrate on the BMSI and on the training school for nurses and make these two projects good <sup>examples and</sup> ~~letting~~ other health activities await future possibilities. O. asked me then what should be the next step.

At this point I took out the time to discuss "health centres"

vs. unilateral programs and pointed out that most of our USA trained workers in public health have been taught to avoid the unilateral program. In Pakistan both needed, <sup>each</sup> our in its own place and at the proper time.

December 1

Dr. A. K. S. Ahmed, Professor of Medicine, Dacca

Karachi to Dacca; joined forces with Miss Jane Stafford, whom I have known since 1937 at the airport. Each of us does a considerable job of sleeping enroute.

Flight 114 PIA: 0700 to 1320. We are duly met by Drs. Stockard and John Feeley.

To the home of Consul John King where I am to be during the week here.

Cases of cholera have been found recently just across the river from Dacca and today cases have been found even closer to the city; <sup>within</sup> then half a mile <sup>according</sup> ~~note~~ to Dr. Feeley. (Dr. Mansur ~~shankar~~ <sup>who</sup> arrived back from the USA a few days ago has been out investigating these cases.)

December 3, 1960. Dacca

With Drs. Stockard and MacLeod, called on Brig. Hyder. We find Dr. Helwani, Deputy <sup>Eastern Mediterranean</sup> Director, Regional Office of WHO, in <sup>and</sup> an engineer of WHO there ahead of us. (Also Dr. Ahmed and Dr. Malick were there).

Helwani and I bring the discussion round to the subject of <sup>the</sup> yellow fever <sup>eradication</sup> of Anopheles gambiae

To the P.X. with <sup>and</sup> Miss A.S. and <sup>just</sup> the manager who says she does not have a list of items but has only a card index. She says the selection of articles in the commissary varies greatly from week to week so I decide to bring out just the things that we like best.

To the ~~laboratory~~ <sup>once more</sup>, this time with Dr. MacLeod. Suggestion of some sacks of calcium chloride to lay the dust at the Research Laboratory.

Question of where the plaque referring to the dedication of the laboratory of the SEATO should be placed; discussed with Hyder and Haque before a

decision is taken.

Dr. M. Rahman: Studies at University of Illinois with thesis on cholera vibrio (nutrition) now with the Davis Chemical Co.

Dr. Ataur Rahman, University of Michigan now in charge of cholera vaccine production (MD, MPH).

If hired, how could we get money to pay decent salary?

December 3. Dacca

In discussions with J. Stockard, it becomes apparent that many of his problems are those we have had to face in other countries with other programs.

1. Adequate salaries for national scientists.
2. Transportation for national staff.
3. Administration of cholera hospital - Nurses number? qualifications?
4. Character of cholera effort? Truly regional or partially so?

Bilateral? USA and Pakistan?

5. Suspension of all USOM positions not now filled! Hence now no ICA representation on Advisory Board! James Cassanos, Richard Towle, Samuel Morch)"Mr. Towle is a sanitarian who has helped the GOEP build up its sanitarian school and has also travelled widely in East Pakistan, using the high pressure injector in fighting epidemics of cholera"!! Towle now interested in program for sanitation of villages with Bored hole latrine.

"We are eager to provide assistance to the limit of our capabilities when there is a GOEP program to supplement." The ~~final~~ above is final sentence in paper prepared for GOEP recently by ICA.

After present terms present incumbents will not be reappointed.

Memo July 22, 1960, NIH/ICA responsibilities. Paragraph 2 of Section C states:

"ICA will provide necessary operational and policy guidance through USOM/Pakistan. The Chief Public Health Adviser, Dacca, will participate in the project and, to the maximum extent possible, regular ICA medical and public health programs will be coordinated with the project."

(Under date of October 21, J.C. indicated to Edwards that senior technician would serve.)

December 3. Dacca.

Dinner at the home of Mr. King, Consul General of United States. Sopher with beard (of Arab extraction but admits that the name Sopher is of Jewish origin meaning teacher (?) S<sup>A</sup>per, sophir, etc.

R. N. Phillips, with beard, and altered personality! Mr. and Mrs. Blood, Mr. and Mrs. Senna and many others. Those at the dinner were Consul General, Bloods, Stockards, Sennas, and MacLeod, and Miss Jane Stafford.

After the party breaks up, Mr. King and I remain to take coffee and to talk. This brings about a discussion of the type of organisation which we should have in the PSCRL: K. wants what I do, namely, that this should be something more than an ICA operation; it remains to convince the US people on this but the British have already brought up the question and others will do so later.

December 4. Dacca

To the airport to meet J.E.S. and find the Thailand delegation including Dr. Bin and others I have known. Also Dr. Black from Australia. (I learn from Black that he is interested in having some of his people come here to work with cholera).

J.E.S., John Porterfield, K. Goodner arrive together. J.E.S. and J.P.

come to live at the Consulate.

I learn King, the C.G., has worked in Ecuador, Argentina, and Uruguay, has had a year at the War College and 3 years at the U.N. with the USA delegation.

In the afternoon to the laboratory where I find Dr. H. E. Shortt and others re-united to discuss program for the Cholera Conference. Others present are Porterfield, MacLeod, Goodner, Sma~~lee~~, Phillips, Shortt, Stockard, Malick (U.N.), Woodward, Mansur, Feeley, Miss Williams, Smallbones.

15 minutes summary of what went on in our session.

Dec 2, 1960 - Jan 4, 1961

Dacca - December 2, 1960.

J.X. Stockard : Question of vehicles for ICA advisers ✕

is one of difficult problems with GOP.

Govt. Guatemala Bldg.

Each member Government - \$17,500.<sup>00</sup>

Adm. = PASB.

Dir. Council = 1 rep. each member country.

= Dir. PASB

*Meets annually*

Budgets -

Approves programs.

Administrative Procedures.

= Reserves for pension.

Grading positions.

establish salaries.

?  
INCA  
P  
|

Research Centres - PH. ✕ Ed.; Ph. Adm.

Countries	- PASB.	105,000.-	
PASB		40,000.-	
Kellogg.		40,000.-	; 1959 - \$452,000. <sup>00</sup>
Grants.			
Commercial			
NIH			

P.I. U.K. Thailand, Australia, U.S.A. Pakistan, N.Z., France.

U.K. £10,000 SEATO Charter to NIH ✕ Contract with ICA - Contract with Government of Pakistan. - PL 480 money

*Section 1K - 104*

Burma  
India



Meeting December 5th : R.A. Phillips, MacLeod, Smadel, Woodward, Goodner, Stockard and Soper.

Six months objective: \* Bacteriological laboratory; complete lab. for diarrheal diseases; \* Serology cholera ( Diagnosis )

Capacity to store isolates for future Ex. in USA

( Monsur has fluid for 3 days from lab.)

Monsur should train one man for freeze dry. Freeze dry on first passage.

Type specific antibodies to organisms. Who will relate isolate to clinical

story. Monsur has to save something of everything for K.G. checking.

Let us get collection of <sup>all</sup> ~~oil~~ vibrios. What is a case? What is cholera?

Laboratory is basic tool.

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~~(K.G.)~~ Rise and fall of vibrio population over season ( Lucknow : vibrio + bacteriophage = cholerae . K.G. is interested in above.

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. What do we want ? Dry land area less than hours travel from laboratory. Cockburn<sup>Yn</sup> proposed (1) 5 mile radius of Laboratory for all types of conditions - Should be started at one place or two places ? ~~xxxx~~ ~~xxx~~ Nutritional studies essential. Make longitudinal study of population where cholera may occur in future - then study when disease occurs.

// Wahed is out of Govt: put on consultant basis.

Fill hospital; treatment and train in treatment <sup>≡</sup>

<sup>NAMRU</sup>  
( ~~Namru~~ interested in say 3 cases a week to study ).

Question of Hospital; to take or not to take.

December 5th, Dacca, East Pakistan :

Dedication of PSCRL - red, green and white decorated pavilion for hundreds of persons. ( I talk expansion and internationalization of PSCRL with Dr. Black of Australia and Dr. Bull of U.K. ( Dr. Black is apparently from the malaria surveys of Australia.)

( Koch 1883 vibrio in Egypt )

I met Mr. Worth, the Deputy Secretary General of SEATO <sup>and</sup> ~~I~~ make arrangements to see him in Bangkok after this conference; to get a better picture of what SEATO is.

Black speaks for Australia at inauguration. Australia cooperates where possible in SEATO.

Dr. Pin. of Thailand = 8 Epidemics in last 20 years ( Bangkok, May 23, 1958 )  
mentions as objectives the eradication of Cholera from the world.

Adair, U.K. High Commissioner, calls attention to \$10,000 contribution and that U.K. is member of SEATO and interested in real international cooperation in the common good. ( My government wishes to contribute and to participate! )

King U.S.A.: 8 countries - France, Japan, U.K., U.S.A., Pakistan, PI, Thailand and Australia.

Porterfield - U.S.P.H.S. Cholera was first problem on which USPHS undertook research in its early years. JP speaks of Cholera eradication.

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p 5  
Dacca, December 5th, Afternoon Session:

Dr. Pin opens the afternoon meeting with a paper of Dr. A.K.M. Abdul Waheed, Department of Health, Social Welfare and Local Government, entitled Classical clinical Disease. ( The reverberation is such that while one may understand words, the sentence structure of most of the sentences is lost. )  
Some of them are found inefficient: our experience has been just the reverse;  
How long, ~~how~~ *O Lord* how long ?

R.A. Phillips - Cholera can be treated with unspecialized staff <sup>with</sup> ~~that~~ salines and brings mortality ~~very~~ low ( 1958 Bangkok 6% ).

Symptoms are minimal in cholera cases - thirst much less than in dessication in the desert.

p 6  
December 6, 1960 - DACCA:

a.m.

N.Y. Session. Physiological changes in cholera. Dr. Lee E. Farr, Brookhaven National Laboratory, N.Y.: Nuclear materials <sup>was</sup> ~~not~~ much a tool as a discipline; must be careful to go to the patient rather than draw conclusions in the laboratory.

F. refers to Dr. Van Slack, used same approach to Bright's disease as had been so valuable in diabetes. *let us*

Danger of <sup>a</sup>fragmentation of problem; ~~less~~ (else) study the patient as a whole.

Temptation to break down problem into its component parts. Gives ~~an~~ example

in case of anemia where study of blood *this is only a small part of needed investigation.*

F. gives examples related to renal blood flow. Capability of patient may be quite different from the condition of the patient's <sup>individual</sup> ~~organs~~ *organs*

Water balance in *tissues* of body could not be studied before isotopes were available.

Sodium requires hours to come to equilibrium when balance is disturbed.

LE Farr contd. Dec. 6, 60 - Dacca.

Amino acid entering cell is metabolized immediately; never in free acid in cell.

Observation fields.

Motility Transit time .

*S*ecretion - Afferent blood flow.

Absorption - (f) Transit time and Efferent blood flow.

Secondary \* Renal function

Circulation competency.

Digestion.

\* *RF may be* decreased because of above factors without loss of function.

LEF draws mechanism of kidney and gastro-intestinal tract on similar basis with regard to movement of liquids. ( Surprisingly similar.)

Proposes that we study G.I. tract as *we do kidney.*

Insists that G.I. picture has been building up sometime before it becomes apparent.

*p5*  
LEF suggests that material from GIT comes to liver then to lungs and finally may be found in the expired air.

LEF then gives diagram of various methods of using isotopes to discover many different changes which occur. Measurements can be made in stools, by tube in body, or an automatic respiratory equipment which will measure expired isotopes.

Must study entire patient.

*p9*  
Cholera and Sodium Pump - G. S. Huber, *NAMRU*

Concentration relations of electrolytes \* in plasma and cholera ~~excr~~ excreta.

Dr. R.Q. Blackwell ( NAMRU 2 ).

The dehydration of cholera; therapeutic implication.

Capt. R.A. Phillips, *NAMRU*

(1) Replacement of fluid.

(2) Volume for initial balance.

Volume for continued balance.

1960  
Dec. 6th Continued :

How establish rule for fluid intake ?

Dr. R.S. Failure of acute cholera to give rise to exudative enteropathy -  
Dr. Cordon Jr., NIH.

Epithelial barrier not broken in cholera.

10 December 7, 1960

K. Goodner - Vaccine is 67 years old *without ever having*  
*had* ~~at~~ a good field test. (1) Public health workers are apt to  
demand vaccination. (2) Scientific workers did not believe it will work.  
Daizo - Ushiba Keio University, Tokyo. No cholera since 1946.

~~Statistics~~ Statistics indicate vaccination was of value in 1916  
Tokyo and 1920 Osaka - but K.G. <sup>c</sup> calls attention to the fact that vaccines  
were self selected.

Dr. Azurin, Quarantine Service of Philippine Republic.

Vac. began 1908 = vaccine made with non-motile organism. Today the PI relies  
on Quarantine.

Dr. Bin, Thailand - 20 million vaccinations - Believes 1959 curve altered  
by vaccine.

(1)  
K.G. (First area in which new clinical strains were put in vaccine from  
week to week. (2) Used very fresh. )

11 (1) Use fresh strains. ) Recommendation of K.G.

(2) Use fresh vaccine )

Dr. Gallut - France.

Reports on vaccination - In Indo-China.

Dr. Hussain.

Dr. Smadel - No one would refuse to use ~~XXX~~

~~XXX~~ No one would rely implicitly on ~~XXX~~

Present (1) Vaccine and (2) Procedure.

John Feeley - Mouse-protection test for cholera vaccine.

Vary vaccine <sup>1</sup> constant dosage ( Challenge )

Vary dosage ( Challenge ) - constant vaccine.

~~XXXXXXXXXXXXXXXXXXXX~~

12 WHO standard weaker than <sup>n</sup> NIH - Probable loss in drying.

Ogawa - not good against INABA.

Inaba - good against OGAWA.

Mouse protection test good method but what does it mean in ~~X~~ relation to human *immunization*

---

UNiversity,  
U Shiba - Keio//~~XX~~ Tokyo.

S. enteriditis Serum studies - ~~live~~ and killed vaccine -  
Ataur Rahman

Dillon - cable to Conference - NBK would not have presented to ~~and~~ <sup>or</sup> have been signed by Secretary ~~XX~~ of State at least.

K.G. Says that amount of vaccination does not give enough immune body substance to immunize. Is cholera a local or a general infection?

Comparison with Polio.

Are there antibodies in convalescent sera? 1916 positive results - but then not confirmed - now K.G. says immune bodies are developed.

Must use live organisms in agglutination test - best with fresh vibrios from current outbreak -

All confirmed cases show anti-bodies;

Some patients had antibodies on admission with cholera.

Immunity group or type?

Ogawa antibody not on admission but during convalescence.

K.G. has worked on 20 cases of cholera and 60 cases of non-cholera.

Only USSR vaccine had Ogawa antibodies among all vaccines sent to Thailand - USSR killed with formalin then phenolized.

Colin MacLeod - Story of Lion saying grace - are there second infections with cholera? Does immunity explain periodicity of outbreaks?

Longitudinal studies with diagnosis of all diarrhoeal diseases? are necessary.

---

No true background in animals?

- Studies :
- (1) In endemic area.
  - (2) With ~~let~~ <sup>laboratory</sup> to diagnose all diarrhoea diagnosis (1) bacteriological and (2) serological.
  - (3) Random basis = using TAB for control.
  - (4) Intervals - multiple doses 3 with ~~subsequent~~ <sup>intervals</sup> of 4 to 6 weeks before expected epidemic.
  - (5) Size of group  $\equiv$  Cannot be large - choose accessible area.

- (6) Some history of past.
- (7) Carry forward longtime.
- (8) <sup>Preva</sup> bleeding.

Mirzapur - 42 miles from Dacca

990 bed Hospital - Kala <sup>a</sup> ~~Qzar~~ <sup>halma</sup>, xeroetiolimia (secondary to amoebiasis), rheumatic fever, <sup>betel nut cancer + tetanus</sup> over 500 girls in school ~~not cancer tetanus~~.

Major M. Anwar at Govt. House. (Promises 12 months good weather - all in November, December and January).

Mr. Abbas - Rep. of Phillips. gives autolift.

Dec. 7th.

KG: Is cholera intestinal or general disease ?

How resolve vaccine problem ? C McL presents procedural outline.

HE Shortt backs this outline.

Agglutination test OK with live ~~X~~ vibrios!

To cholera Wards at ~~Mitford~~ Hospital with TW and CMaL =

My first cholera cases; 10 men, 8 women, ( 65 cases in November - every month has had cases ~~XXXX~~ in past 5 years! )

40% of cases from city itself.

Smallpox present - not seen.

KG Reports at Lucknow Drug Institute.

Shrivastava - Antigens of V.cholerae.

Bhashran - transformation of non-cholera vibrios to cholera vibrios-

Mirzapur Cholera Hospital: Wednesday - December 7th, 60, Dacca E.P.

(1) Morning session with KG in the chair : Has always a ~~meeting~~ job. Raises question of intestine against general disease. Also asks how vaccine problem can be resolved. MacLeod sets the standards.

KG tells of positive agglutination test with living vibrios. Shortt backs up McLs <sup>C</sup> play.

(2) To cholera hospital with TW and CMaL where we see my first cholera case, some 10 men and 8 women. Learn that there have been 65 cases in the month of November and that no month for the last 4 or 5 years has failed to register Cholera case. 40% cases in this hospital are from the city itself although none are reported since otherwise the <sup>air</sup> ~~report~~ might be practically closed down.

Also learn there is a good case of smallpox to be seen.

(3) I chair the afternoon session from 1315 to 1530;

he told me to come to the hospital and girls school at the country village. 990 boys, 500 girls in the ~~xx~~ school with a budget of about six million rupees.

In Hospital, we learn of Malaria (MT) fairly frequent; Kala-azar (case may resemble leprosy); Rheumatic fever, secondary <sup>often</sup> found to infect <sup>ad</sup> scabies lesions; ~~sancer~~, due in large part to betel <sup>nut</sup> ~~no~~ chewing; tetanus common; expectant treatment best; xerophthalmia with resultant blindness, secondary to amoebiasis in which gut does not <sup>absorb</sup> proteins and vitamins :

Major M. Anwar I State House with Governor.

Return with K.G., Ras<sup>m</sup>ulissen, Gordon, Walcott to bridge where Mr. Abbas ( Phillips ) picks me up; home 124<sup>5</sup>/<sub>7</sub>.

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CLOSING REMARKS, DECEMBER 8, 1960:

Australia - Black

Importance found in history of cholera; Pakistan, SEATO and NIH. many of us would like to work here in laboratory. Document will be made milestone in planning; questions rather than answer<sup>ing</sup> them.

- (1) Practical treatment of cholera.
- (2) Anthropological problems not fully considered; must be taken into consideration in handling cholera in the future.
- (3) Socio-economic status has been associated with decline in CD in Western countries.
- (4) Speaks of working together in eradication of cholera as a means of getting better international understanding and collaboration.
- (5) Desires to continue interest in work.

Gallut.

France.

Deep appreciation to ~~Paks.~~ Pakistan

Ushiba - Japan : Approves idea of all countries participating in effort to eradicate cholera; all Doctors agree with Japan; must continue to study and want to collaborate in the future.

Dr. Azurin P.I.

Good meeting covered wide area: WHO eradication programs - malaria

1960.

( Thanks to Pakistan Government for this conference and hospitality.)

Dr. Bin - Thailand : Mostly platitudes. Thanks to everyone in SEATO; ICA, NIH, NAMRO, SEATO, Pakistan etc. etc. Mentions trip to Mirzapur and accident enroute.

Kahn

Dr. ~~Kahn~~ tells me about the problems of quarantine with India this year.

At first no country established limitations but India officially <sup>acted</sup> ~~action~~ against Pakistan which forced Pakistan to take action against Indian passengers; the difficulty became one of how to isolate and pay for food for some many people.

Dr. H.E. Shortt - UK - returned to scene of some years of rewarding work.

Conference; <sup>lots of knowledge</sup> available from all countries in SEATO area; still are to learn in practical application of knowledge to eradication of cholera: they doubt it can be eradicated <sup>and</sup> ~~in~~ time. <sup>Insists</sup> ~~Necessi-~~ ~~ties~~ on long-term studies on vaccine even though answer may lie elsewhere in general sanitation ~~mf~~ and better water supplies ? Who knows ? Most important and best equipped laboratory on cholera in the East.

Thanks to cholera Advisory Committee.

Finally I am glad to report with ~~that~~ <sup>the</sup> gift of 10,000 pounds for more equipment for laboratory.

All <sup>for me</sup> ~~we may in local arrangements and seeing~~ every success to

Dr. Soper, my old friend, who is to be ~~Director~~ <sup>in</sup> Director of the Laboratory.

Joseph E. Smadel : An amusing experience to find out how many people are interested in cholera and willing to work in final solution of the problem; namely eradication.

Dr. M. Siddiqui Hussein.

December 8th - Dacca:

(1) To luggage shop on first attempt to shop in Dacca; no purchase made.

(2) Conference Session on Vibrio cholerae; laboratory identification.

K.G. talks about vibrioses and variability although he insists on the unchanged nature of the clinical picture of cholera over the many decades of its known existence.



K.G. ~~begin~~ began with the classical strain long (~~lying~~) in the laboratory but now has a museum of some 500 strains. Variations are sensed but often difficult to describe.

~~XX~~ Prof. J. Gallut of Pasteur Institute, Paris, is difficult to understand but not too far off base *in his* words on cholera.

(3) Lunch at the staff house; *learn something* about the early association of JES, Farr, Bob Phillip, K.G. and Colin MacLeod at the RI many years ago.

Later in the day, *an* ~~here~~ the story of the Horsfall and Weir, ~~proofed~~ in reporting the reproduction of atypical pneumonia in the Mongoose. This resulted in great expenditure in time, staff and money during the early war years in getting animals from Jamaica and proving them wrong.

(4) Closing Session of the Conference; most of the summaries are well done. M. Siddiqui Hussain speaks for the Government of Pakistan.

H.E. Shortt announces the gift of £.10,000.00.

I take advantage of the PI (AZURIN) ~~in~~ complaints against present quarantine regulations to point out that quarantine itself is not the answer and that the PI and all cholera representative countries should be cooperating financially and scientifically with the PSCRL (Pakscrelab).

(5) To the Government House to ~~high~~ have tea with the Governor M. Azam Khan to whom I present my apologies for not being present at the time of his visit tomorrow. The Government shows interest and promises of support.

(6) K.G. organize party at the staff house; Shortt, Wahed, Hyder, Hussain, Huq, Bin, Azurin, Prameru, Blöck and others present; Towle with the ~~with the~~ music and C. MacL. leads in Alluette. (*Learn of C. M's. discussed digest & the reduction of interest of the R.F. in health and the virtual disappearance of the IHD.*)

(7) Left six shirts, white dress suit and 4 light white suits in one of the Stockard suit cases.

December 9th - DACCA TO BANGKOK.

(1) Farewell to Mr. N.B. King, American Consulate General in Dacca. (N.B. King is trained as an economist; *has seen* service in ~~Equator~~ *Equator*, Argentina and Uruguay; had 3 years as economic adviser to the USA Mission at the United Nations; then served with the USA Mission in Iraq at the time of the

Bagdad Pact. Also it seems he had one European appointment with the State Department.) ( N.B.K. makes us his house guest except for tips to boys and laundry.)

N.B.K. says that he had to sit by and see all of the early projects of the Bagdad area become just so many ICA bilateral projects; he believes there is a place for bilateral projects but also believes we need multilateral ones; says we should begin now if we want PSCRL to be multilateral.

(2) After arrival in Bangkok learn from C.Pease that the PSCRL has an entirely unique position in all USA projects because James Killen, USOM Chief in Pakistan, refused to have anything to do with it. It is based on an agreement between the USA and SEATO and then on an agreement with the Government of Pakistan, not the Health Ministry, since provision had to be made for many privileges for the Laboratory. ( C.P. says that J.K. finally changed his position because he did not want NBK to have anything to do with any project.) The position of Pakistan SEATO Cholera Research Laboratory is then already a special one which may make it relatively <sup>easy</sup> to make it a multilateral project.

(3) Clifford Pease reports that CENTO, with Headquarters ~~active~~ in Ankara, has ~~become~~ become ~~in~~ a very active multilateral organization; CENTO should be studied to see what may be useful for us in our relationship with SEATO.

(4) Lv. Dc. on India Air and <sup>have</sup> for lunch in Calcutta ( Dum Dum Airport ) with Jane Stafford, Bob Phillips and Lee Farr. Dum Dum to Bangkok by Qantas in <sup>ee</sup> storage with Rasmussen.

R apparently from Medical School in Wisconsin; <sup>N</sup>interviewed at Bell Memorial Hospital in KCK; then to armed forces and <sup>up</sup> ~~with~~ with JES for a <sup>term</sup> ; is now at UCLA ; apparently a temporary duty with Namru 2 in Taipeh. ( We discussed, among other things, Polio virus vaccine.)

(5) Chinese dinner at the <sup>PALMS</sup> ~~Palms~~ Restaurant; TW, JES, KG, FARR, Pease, C McL, FLS and ~~to~~ <sup>to</sup> ~~xxx~~ bed.

(6) Before the " to bed " movement I learn from C.P. that malaria here is really in <sup>bad</sup> ~~all~~ shape; <sup>that</sup> ~~with~~ the <sup>Thais</sup> never really <sup>went</sup> ~~win~~ in for eradication; that the house spraying is to be <sup>held</sup> ~~faced~~ out this year; that malaria is on the increase and that difficulties are very real with a ~~serious~~ <sup>serious</sup> series of

of changes imminent in the direction of the Ministry of Health.

( 6 a ) EHH report on malaria in Thailand, November 29th made available to Dr. Chas E. Richards, acting Chief PH Division; Mr. Ed. Smith is malaria man here now; Dr. S. Avery-Jones and Miss. Louella Lowry, WHO; Dr. Udaya is the Thai Chief of Malaria.

(A) Malaria has been practically eradicated from the great central plains of Thailand.

(B) "The foothills" region and the Southern Peninsula still have a distressing amount of malaria" ! ( A. J. reports as high as 40 to 50% of positive children in hills with 7% in the ~~rice~~ rice growing plains but only 2% in plains among those ~~in~~ not having slept in the hills areas. Cases, <sup>occur</sup> according to most often in unsprayed houses, which amount to 10%.

(C) A. minimus disappeared from the plains areas; in the <sup>foothills</sup> both A. minimus and A. balabacensis transmit.

(D) Once a year spraying not enough in hill areas.

(E) Administration problems; financial problems; lack of supervision; lack of surveillance.

11 23

(F) Excessive Civil <sup>Service</sup> ~~Surveys~~ requirements for training of malaria personnel.

(G) Premature cessation of spraying.

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Under Secretary : Luang Binbakya Bidyabhed.

Director General, Department of Health, Kamdhorn <sup>w</sup> Suvarnakich.

Malaria; Dr. Udoya.

Mr. John J. Conroy, First Sec. Embassy Bangkok - Mr. Lewis E. Gluck, Spec.

Assist. for SEATO affairs, Bureau of <sup>Fav</sup> ~~For~~ Eastern Affairs.

Dr. Ambhan Dasaneyavaja, Dept. of Pathology, School of Medicine, Chulalongkorn Hospital, Bangkok, Thailand - PA - KAW - MA.

Dr. Kasorn - Med. Director.

T. Woodward story of Carr<sup>e</sup>ll typhoid - Carr<sup>e</sup>ll of yellow fever work ~~x~~ died of typhoid vaccine.

11th December - Bangkok :

(1) River trip with Dr. Clara Nigg. Dr. Ambhan, KG, JES, Lee Farr, Pease Colin, MacLeod, <sup>T</sup>ed Woodward and Dr. .... (Thai).

(2) <sup>an</sup> Clara Nigg is here working on ~~Meli~~ melioidosis, a human disease which is somewhat similar to glanders. It is a highly fatal disease, 95%, of <sup>after</sup> short duration ~~if~~/diagnosis; the disease may attack any organ in the body, but seems often to be mistaken for tuberculosis. Few of the cases are diagnosed but there must be many more since contagion in the family or in the hospital is unknown; it seems that there must be almost universal infection <sup>only</sup> with/a few cases in which there is actual invasion of the body tissues with the production of disease. CN has been able to develop a CF Test for <sup>monkeys</sup> which remains positive for some five months after the acute infection and which can be given a rapid boost by an injection <sup>sms</sup> of ~~organism~~ ~~at this~~ ~~later~~.

CN is here apparently under the Army, or rather the Department of Defense, since she works in a Naval Laboratory in San Francisco in connection with the University of California. CN has been finding difficulty getting diagnosed cases at the Malaria Hospital where she is working; I introduced here to Dr. Ambhan Dasaneyavaja of the Department of Pathology, School of Medicine, Chulalongkorn Hospital, Bangkok, who confirmed, in the laboratory, the diagnosis of cholera in 1958.

Later at the other Hospital where stands the statue of the King to which we paid homage, I introduced CN to Dr. Kasarn, the Medical Director of the Hospital, who said he had not known that CN <sup>was</sup> ~~is~~ here but would now do everything possible to help her <sup>get</sup> the information and cases she wants.)

(3) After the river trip to the Temple ~~(temple)~~ of the Dawn, a truly imposing structure.

(4) To the Hospital where Dr. and Miss Pin assisted Drs. JES and KG place wreath of orchids and present a silver plate telling of the act. Met Dr. Kasarn and Dr. Sevati ( Dangsvang.)

(5) Lunch at the Erewhan with Dr. and Mrs. Pin and Dr. Ambhan as guests of the crowd.

(6) To PAA; ask for room at the Clift Hotel, SF, night of 13th and 14th; and reservation to DC, on the 15th.

(7) To the ~~Temple~~ <sup>Emerald</sup> of the <sup>Buddha</sup> with Farr, Woodward and KG; then to the ~~Temple~~ of the ~~Golden~~ Golden Buddha.

(8) TW tells the story of what happened to <sup>a</sup> Carroll of the Walter Reed Group who died as a result of infection by a supposedly dead typhoid

organism ingested during experimental work.

(9) McLeod and Phillips discuss possibility of human experiments with ~~Cholera~~ <sup>Cholera</sup>; ML is against, RP in favor. (of course, I am neutral, I see no definite objection to ~~the~~ human tests at this time. RP believes that only poorly nourished individuals can get the disease.)

(10) Discuss with McL, RF Group: Harrar, Theiler, Morison, Coggeshall, Nelson, Laeb, Berry Wood, Oliver McCoy :  
Need for staff scientific backing in US and stiff scientific work in the field.

Remained Bangkok till 13th.

*See below for Dec 12*

On 12th visit to cholera laboratory, to Director, Health, Ambassador, Conroy, Sarasin- lunch with W. Worth.

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Dr. Henry Darner, 1835, Eye St. Washington D.C.

-----  
p J.R. Wiggins, 2218, W. Yoming Ave., N.W.

Washington (8) D.C.

-----  
Chintamye <sup>M</sup>Matayakal, Director of Economic Services,  
-----

L. Hald, Acting Public Information Officer, SEATO, Bangkok.  
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Discussions Population Growth :

(1) Nicol - Dam Builder in India last 15 years =

(2) Kittsman, Phillips 66 - Oil Field Developer.

December 13th : Discussion with N. in Tokyo Airport; with K later on plane.

N came to India with bleeding <sup>heart</sup> ~~her~~! It bleeds no more! Increased food from irrigated lands brot under ditches cannot keep up with population growth. Recent male castrations are only for money payment, not from desire to limit population. Priests say we cannot take from the coolie his only pleasure. N. is discouraged as to possibility of getting population upto point of wanting something better.

-----  
K has not been in India for 15 years but during war was all over the lot - Burma, China, India - like N has a sense of frustration, does not believe with education - catch up with situation. I preach doctrine of hope - Japan, Ireland, France, Italy and USA, and insist on possible rapidity of action once results begin to appear.

December 12th, 1960 : Bangkok - To the Cholera Laboratory of Oscar Felsenfeld where we also see Clara Nigg.

p 30  
O.F. speaks in such a low voice that I get very little of his opinion  
~~XXXXX~~; the recent outbreak he studied was of some 400 cases with over 100 cases in hospital; no *fatalities*.

We call on Dr. Kampdom Suvamarich, the General Director of Health.

To the Royal Hotel where we are guests of Mr. Wm. Worth of SEATO.

Afternoon schedule called for, ~~or~~ modified by the sudden flurry in *political affairs* ~~force~~ in this part of the world requiring a meeting of the representatives of SEATO countries. Late in the afternoon we call on Ambassador Alexio Johnson; AAJ says I am to be under *Embassy* in Karachi for administration purposes but that for SEATO matters I should work through AAJ. AAJ *is not opposed* ~~sent post~~ to individual ~~countries~~ country action by FLS, three *professional* groups just so he ~~needs~~ *knows* what is going on.

p 31  
December 12, 1960. Dinner at Palm Restaurant 45 Bt.

December 13th - Call on Pote Sarasin, he believes we should be ready to make *basic slowly* ~~does not~~ *feel* we can go fast in development of multilateral organization.

~~Pote Sarasin.~~

p 32  
Lv. Bangkok 13th Ar. SF 13th - Ar. DC. 15th

DECEMBER 19th - Washington D.C.

TO NIH : (1) D. Parkinson takes over travel account details with air flight stubs.

(2) Arrange to see JES at 10 a.m. on the 22nd ( Thursday ) to fix up PL 480 document.

(3) Borrow soundscraper from NIH.

(4) Talk with Don Simpson regarding certain political ~~xxx~~ considerations ( *Samami* is meeting with the President of Peru this month at the home of Dr. Malaga who is a brother-in-law of Pradu ).

(5) Lunch with Oswald da Silva at the Cosmos Club; *problem* comes up with discussion; I refuse to get involved insisting that it would not be fair for one in my position to act in any way. I do, however, express the opinion that if S is to be an entry in the race for Director in 1962 that he should resign at a proper time.

(6) Medical examination with G.H.R. Holley: BP 130/74 wt. 201 lbs.

(7) To NIH - Gene Campbell reports on trip to Mexico and the Int.

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Am. Fed. of PH As. C says that M.E. Bustamante<sup>a</sup> do not participate in discussions; that there was no action of the Mexico Government regarding the present Federation; that no evidence of any vitality of the 1952 movement appeared. On the other hand, there were informal discussions with representatives of several countries including Mexico; one interesting proposal was for AIDIS to take the lead in forming the more general organization. ( <sup>P.F.</sup> F. Matteson did not go to Mexico but made EFC his representative. )

(8) Talk to Brady<sup>a</sup> and Keeny regarding publication of <sup>PANEL</sup> Paul report: present written comments of FJB's letter and on <sup>Paul</sup> Paul Beaver's editorial suggestions, I find it difficult to have report rewritten as an ICA ~~xxx~~ propaganda document; FJB says Mel Griffiths says our statement regarding Thailand is not true.

(9) Check Thailand statement with Roy Fritz who agrees it is a proper if reserved appraisal.

(10) Discuss with H. Hinman the Publication of <sup>NEL</sup> Paul Report and MG's responsibility to the Thailand paragraph; HH says he thinks MG's attitude may have changed after talking with HH this morning. ( When I comment on MG's becoming original advisor on malaria in South-East Asia, HH indicates this is not important, since (1) ICA does not have to do what MG advises and (2) the main malaria man likewise does not have to pay any attention to him! )

45 minutes from ICA to Cosmos Club by Bus.

(11) Call Dr. Arthur Hollister regarding APHA force.

DECEMBER 20TH :

(1) Call Howard Kline ( WO Ex 35381 or 22833 ) regarding WHO Fellowship Committee which is to meet February 10th! Since I ~~xxx~~ shall be in Pakistan I write to BJ Mattison to appoint another representative of APHA.

(2) Call Jack ~~W~~ Weir ( person to person FLS expense ) (a) Decidedly negative response<sup>e</sup> to suggestion that G. ~~Lamant~~<sup>a</sup> might become Director of Sanitary Bureau. (b) Name of ~~xxx~~ Ernani Bro<sup>a</sup> mentioned but I pointed out that EB is Brazilian as is also MG Candan. ( In <sup>letter</sup> letter note I mention names of Nevin Scri<sup>m</sup>shaw and Arn<sup>d</sup>aldo G<sup>a</sup>baldon. (c) Jmw assures <sup>him</sup> that DR knows about his opinion of the present Director of Pan American Sanitary Bureau; now working on Cholera, (d) Assure JMW ~~xxxx~~ he should call DR's attention to ability of K. <sup>BODE</sup> ~~body~~.

(3) Write following letter to Dean Rusk; Dear Mr. Rusk : The good news of your acceptance of the invitation to return to the SD <sup>reached</sup> <sup>me</sup> in Bangkok some days ago.

It is a pleasure to add my <sup>belated</sup> congratulations to the multitude you have received. Sincerely yours, FLS.

(a)  
(4) <sup>Panel</sup> Call K. Bode's office; find him out : I want to discuss/Publication of <sup>Panel</sup> Pawl report (b) his success in selling the idea of doing a survey of the salt supplies of all of Africa <sup>of</sup> south ~~and~~ the Sahara.

DECEMBER 21st :

Call on Dr. K. Bode : (1) Get KB to change his attitude of compliance regarding publication of <sup>Panel</sup> ~~Pawl~~ report.

He agrees to take up my position. (2) KB says he has made recommendation <sup>on</sup> ~~which~~ African Survey/salt supplies to the continent south of the Sahara.

(3) Says that J. <sup>Wier</sup> ~~Wier~~ of the RF told <sup>him</sup> ~~me~~ that FLS is the best person to undertake program in Africa.

Lunch at CC with LLW and Sam Keeny. SK calls attention to the need of ~~keeping~~ SK Jr. and the man S ? ? advised of the position of malaria eradication in the world. ( Mr. and Mrs. Milton Siegel lunch with H. Hyde and Mrs. )

(SK tells story of new statesman report regarding UNRRA representative in Sicily who was ~~xx~~ said to have asked for a double room when making reservations for ~~xxxxxx~~ <sup>himself</sup> and an Italian interpreter! NS discovered too late that the girl was indulging in a literary effort and paid damages for liability to the UNRRA representative.)

With SK try to call on Mel Griffith but find that he left town this morning. (SK agrees fully <sup>with</sup> ~~that~~ my analysis of the situation with the <sup>Thought</sup> that nothing but good can come from the publicity we are proposing of the Thailand failure.

December ~~xxx~~ 23rd: Began day at JES office at NIH.

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

(1) Stockard reports Sayeed Ahmed assistant Director of the Institute of Health, is delaying operations through inefficiency; difficulty is because this man has control of cholera Research Funds.



(2) Stockard has told Monsur he may not act independently of the Deputy Director.

(3) Monsur continues his suit against the Government, ~~to~~ <sup>to</sup> return to his position as professor, in which case he would return to his ~~firm~~ <sup>former</sup> position.

(4) Monsur not yet officially appointed to the Cholera Research Laboratory.

(5) Will SEATO finance publicity of proceedings cholera conference if published in Dacca ?

*p 40*  
Re FLS position <sup>visiting scientist</sup> ~~V-a-v~~ICA:

(1) Agreement covering this matter is between Government of Pakistan and ICA.

*Visiting Scientist*  
(2) NIH appoints VS's only one year at a time.

(3) Agreement terminates as <sup>of</sup> ~~to~~ June 30, 1963.

(4) FLS appointment is as VS in Geographic Pathology Section NHI.

*p 41*  
SEATO Cholera Research Program (1) Research.

(2) Training.

(3) Maintain study bases in Laboratory & Field.

Is Cholera endemic always in Thailand ?

Base in Dacca:	Clinical	§	Acute diarrhoeal diseases
	Laboratory	§	of East Pakistan.
	Field Studies	§	

Training center : meeting of disease + experts.

\$400,000.00 fund used as reserve rather than routine operation fund!

Propose following: (a) Thailand SEATO CRIL.

(b) SEATO Research Laboratory.

(a) Epidemiology,

(b) Bacteriology

(c) Physiology & Biochemistry.

Equipment Epidemiology ?

Once the laboratory is operating satisfactorily, activities under the C R Project will be expanded to evaluate methods for control of cholera.

*p 2*  
Cholera in Nepal ( Kathmandu ) :

Under date of July 6th, 1960, A.H. Abou Gareeb WHO wrote R. Pollitzer :

(1) Isolated true V. cholerae from case from suburbs of Kathmandu.

( Ogawa subtype )

Under date of July 29th : (2) Isolated 5 ag. V.cholerae strains ( 3 Ogawa and 2 rough ) some of these cases have been reported to the Singapore office and should appear in the WHO records.

Abou Gareeb paper on cholera in Calcutta to Journal, Tropical Medicine and Hygiene, May 1960, " Cholera in Calcutta during the Season of Prevalence, 1959. Tables from Nepal 1959-60 suggest : Annual peak period, July-August

Low period, November to January

Under date of August 3rd : (3) Additional details indicating that cholera came to many parts of ~~NEPAL~~ Nepal in 1958 and <sup>19</sup>59 and that ~~XX~~ isolation camps were set up in a number of places.

To Do. Prepare quarterly reports for State/ICA and SEATO ( <sup>#</sup> Inform mutually agreeable to ICA & NIH.)

NIH agrees to be guided by policy, instructions of ~~SEATO~~ State/ICA regarding coordination NIH work with US objectives in SEATO -

Includes coordination of contacts with Government institutions in member countries.

Chief Public Health Advisor - ICA DACCA ?

<sup>75-44</sup>  
XMAS  
December 25th, 1960 : As has been the custom in recent years, Juliet and I spent ~~X~~mas Eve at the home of Oswald da Silva. ( The Brazilian custom is to wait for midnight to open presents, there being a supper served just after midnight. Those present this year were the <sup>Becos</sup> ~~Becos~~ and the Solon Camarges, and the Silvas, and the Sopers.

S Camargo tells of the yellow fever outbreak of 1929 on the Ilha of Paqueta and some years later riding the same barcas to and/from Paqueta with Dr. Soper at 0545 and 1650 daily. ( This was summer of 1933 )

<sup>da</sup>  
O. ~~da~~ Silva's reminiscences about an experience he would never forget with me. He was called to come to <sup>Quat</sup> ~~Iquat~~ from Quixoda and was met at the station in the evening by FLS and DBW; he did not know what he had done <sup>that</sup> ~~with~~ was wrong but expected to be fired for something. To his surprise he was given no inkling of why he had <sup>been called</sup> ~~not called~~ and went to bed <sup>that</sup> ~~at midnight~~ the wiser. At 0100 one of the Brazilian doctors came to his room demanding to know what had happened; he could only say that nothing had happened. The next day he had gone with FLS and <sup>W</sup> ~~DBW~~ to Ico for lunch, then had driven to some place clear outside of the A. gambiae area to spend the night. Only on return to ICO

none

the next day was OS given instructions to take over the IGO and Jay<sup>gila</sup>aribe posts and get them cleaned up. ( He was given full responsibility for results and was also given full authority to act.)

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I got out my journals from 1939 and learnt that this all happened on July 25, 26 and 27, 1939 : the decision was taken after looking into matters to let Dr. MAB return to the USA and to remove Domasceno Costa and Luis Lessa as incapable of following instructions, replacing them by da Silva. My notes show some of the reasons for the days being full of other discussions leaving little time to tell OS what was in store for him.

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DECEMBER 28TH - WASHINGTON D.C. :

<sup>morning</sup>  
Learned at the State Department that Mr. Lewis Gluck Jr. and Mr. Howard Jones of the SEATO desk.

I have an opportunity to tell my ideas regarding the Cholera Research Laboratory; my hope that it can become a truly multilateral effort; I gave examples of INCAP and the Finlay Institute in *Colombia*.

LG takes over and says (1) That there can be no doubt but that more funds can be found <sup>for</sup> Cholera Research Laboratory from USA budgets during the next five years. (2) That I should be there at least two years (3) That most important thing now is to get some good work started (4) That in accordance with Article 3 of the Manila Treaty PH is a legitimate field for SEATO. (5) That so-called donor countries did not want to be tied to SEATO projects on a definite annual budget basis but want to maintain a voluntary attitude towards our project. (6) Interprets my use of the term real SEATO project to mean (a) ~~OMNI~~ Multi-lateral or even bi-lateral with SEATO label (7) Discusses the Indian Problem and indicates that arrangements had been made for India to participate but that the ~~State~~ <sup>State</sup> apparently came on the basis of the meeting in Dacca being called a SEATO Conference. ( LG takes the stand that SEATO cannot be ashamed of its existence and should never apologise for its activities nor attempt to disguise them. ) (8) Indicates that SEATO is a convenient whipping <sup>by</sup> ~~by~~ or scape goat for certain countries <sup>with</sup> for political purposes but ~~that~~ <sup>that</sup> this ~~some~~ <sup>some</sup> countries have come to rely on the existence of SEATO for their own protection; in other words the SEATO position is stronger than it might appear to be. (9) LG points out that cholera today, that ~~has~~ <sup>is</sup> the existing seedbeds of cholera, are a Pak/Ind. monopoly; the solution of this problem is so important to each of them that

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eventually some <sup>modest</sup> ~~modest~~ oper<sup>2</sup>andi will have to <sup>be</sup>ge worked out just as there has been an agreement finally on the distribution of the waters of the Indus river. (10) That US has already discussed getting collaboration of <sup>from</sup> other countries on the Cholera Research Laboratory and that the donor countries want to hold for (11) At this point I take over and indicate that anything, but especially health programs, have to be sold; and that State Department can only sell through ~~strict~~ diplomatic channels but that FLS should be able to talk to technical people in our country since it is thro-ugh the technical people that <sup>pressure</sup> can be ~~able to pay~~. <sup>built up</sup>

LG withdraws and leaves me with HJ for an hour. I point out that (1) Cholera control should be eradication and that it is not an individual country project but by its very nature must be <sup>regional</sup> original; (2) That Japan and the PI sent representatives to the Dacca Conference although Japan has had no cholera since 1946 and the PI <sup>since 1926! Also that the rept of the</sup> spent his time in discussing unsatisfactory WHO Sanitary Regulations refering to cholera. Even Egypt lost 20000 lives to cholera as recently as 1947 and should be interested in cholera eradication.

(3) I reject the idea that the Cholera Research Laboratory should be financed by so called donor countries; it is of importance to all of the countries and is the type of thing which all should pay for.

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(4) I pointed out that the Cholera Research Laboratory is the type of project which should not be put under <sup>the</sup> Government of Pakistan control because (a) its work is of value to all countries and it must be kept accessible to all and (b) by no stretch of the imagination will <sup>the</sup> Government of Pakistan be ready to take over at the end of the 3-year period terminating June 30th, 1963.

(5) A basic situation of bilateral agreement must be changed if full collaboration of other countries is to be had : taxation without representation is tyranny.

(6) PH is legitimate field for SEATO but Cholera problem is something which needs international collaboration; no country can do this job alone; I indicate that in the nature of things this project should have been a WHO project but because of political considerations it could not (have) been a WHO project at this time.

(7) I also point out that <sup>the</sup> Government of Pakistan is not able to pay adequate salaries and establish good working conditions for personnel of <sup>the</sup>

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Cholera Research Laboratory; experience already shows that if good people are to be attracted and kept on the local staff, it is necessary to provide them with something better than the Government can give. This means that arrangements with the Government of Pakistan should be changed so that all operation of the laboratory is under Cholera Research Laboratory control, with <sup>the</sup> Government of Pakistan contributing as do other countries on a cash basis; just as is done in INCAP.

future

LG returns and we agree on a ~~few~~ meeting with JES and the three of us to explore further the situation.

Call at the ICA and ask HS to send malaria documents to ~~KBoke~~ upstairs.

✓  
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*Levin word at telephone office*  
that Beaver will not be in until the 15th of January. Spent whole afternoon with JES and DP on agreement between NIH and Cholera Research Laboratory whereby some \$411,000 of PL-480 funds can be used by Cholera Research Laboratory.

Discussions with Mrs. DP today over my relationship to NIH and ICA finally come to a head today; I point out I have an appointment from the NIH for \$19,000 + 17%; that this appointment cannot be changed on the basis of ~~xxxxxxxxxx~~ conversations between offices; that any change in appointment should be proposed in writing by the NIH together with reasons for making it. I indicate that since November 15th I have been trying to get a document on which to make preparations to go to Dacca but have been unable to get the statement of what I am entitled to.

I also point out that I am not applying to ICA for a position nor am I taking on job at ICA; that NIH is not a participating agency in an ICA Program but that ICA is a participating agency in a SEATO Project!

I also suggest that if ICA cannot pay 17% but must pay 25% <sup>that</sup> ~~with~~ calculations ~~by~~ be made on the 25% basis but that part of payment be withheld under *ruling* which limits amount which can be received by any individual.

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DECEMBER 29TH :

KB <sup>ode</sup> calls regarding population item of *Final* Report.

I agree to his *formula*.

KB says that the question of Liberia and its malaria service has come up for discussion again and that AC Curtis is still unwilling to step out of the picture as suggested by the Embassy and USOM 18 months ago <sup>and</sup> all that it is obvious that nothing has been done to improve the basic situation there in the interval.

"Mail" comments on malaria Docs. 272/278- Malaria Inform 65, all relating to Malaria in Africa, to Weir, Bode and Campbell.

Talk with Gene Campbell (1) Advise <sup>EC</sup> I am ready to accept KB's editing of population paragraph, (2) mention 3 papers of WHO on Malaria in Africa and emphasize their importance, (3) Suggest he call my remarks to attention of AC Curtis and of Roy Fritz and Don Johnson.

Get 11,500 mile check <sup>up</sup> ~~pay~~ on MB car at 1000 in order to prepare for shipping at an early date.

DECEMBER 30TH : FRIDAY

Ask H Hinderer for ~~part~~ <sup>contact</sup> with someone to advise on purchase and shipping to overseas stations.

V. Lameroux calls and says he is sending out all of the documents <sup>VL</sup> regarding my case, including a 1956 post report on Dacca! ( ~~VL~~ seems surprised when I tell him I have had some months now the April 1960 Post Report on Dacca.)

VL ~~VL~~ says I            should see Leon B Poullade at state on the Pakistan Afghanistan desk at State, 182-2154.

Talk with Pease who ~~M~~ says that all is well but that ~~might~~ my reaction is awaited to the proposal of ICA regarding my salary.

Pease says that the situation of NIH is the same in relation to the SEATO Cholera Project as is the position of Indiana University with regard to the Institute of Basic Medical Sciences in Karachi. I protest this interpretation and insist that I am working for NIH to build a SEATO Project for which SEATO had been given \$400,000 by the USA.

Letter is finally written by HH to JES regarding my appointment declaring that ICA cannot approve my appointment at \$19,000.